



**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**

COMMONWEALTH OF KENTUCKY  
2545 Lawrenceburg Road, Frankfort KY 40601  
Phone: (502) 564-8963 Fax: (502) 564-4687



**APPLICATION FOR  
EMERGENCY MEDICAL TECHNICIAN  
TEMPORARY CERTIFICATION**

(For out-of-state, Out-of-Country) Fill in all Blanks that Apply:

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex (M/F) \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

EMT-Basic Course Completion Date: \_\_\_\_\_ Date of application: \_\_\_\_\_

☐ Based on 1994 EMT-B DOT National Std. Curriculum; ☐ Based on 1984 or earlier DOT EMT-B National STD. Curriculum

Certification Status (Check and complete all that apply):

**PLEASE ATTACH A COPY OF EACH OF YOUR CREDENTIALS**

☐ National Registry of EMTs (Reg. # \_\_\_\_\_ Exp. Date \_\_\_\_\_)\*

☐ Other State \_\_\_\_\_ (Cert./Lic. # \_\_\_\_\_ Exp. Date \_\_\_\_\_)\*  
(State)

☐ Other Country \_\_\_\_\_ (Cert./Lic. # \_\_\_\_\_ Exp. Date \_\_\_\_\_)\*  
(Country)

Has candidate completed a Transitional, Update or Bridge Program Based on the 1994 EMT Basic National Standard Curriculum?

☐ Not Applicable (EMT Basic Course was 1994 NSC)

**Office Use Only:**

Check# \_\_\_\_\_

M.O.# \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date Cert. \_\_\_\_\_

Cert. # \_\_\_\_\_

Exp. Date \_\_\_\_\_

**All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:**

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No \_\_\_\_\_ Yes \_\_\_\_\_
2. Have you ever been convicted of a misdemeanor or DUI? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, please provide a written explanation and a certified copy of court records).
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, please provide a written explanation).
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No \_\_\_\_\_ Yes \_\_\_\_\_
5. Have you ever been in default on any school loans? No \_\_\_\_\_ Yes \_\_\_\_\_  
(If yes, please provide a written explanation).
6. Have you at any time had your certification(s) or registration(s) as an First Responder, EMT or Paramedic or its equivalent, been restricted, revoked, denied, suspended or expired? No \_\_\_\_\_ Yes \_\_\_\_\_
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of an EMT? No \_\_\_\_\_ Yes \_\_\_\_\_

8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accommodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a First Responder, EMT or Paramedic? No\_\_\_\_ Yes\_\_\_\_

9. If you marked yes on any of the above questions, have you reported this to the KBEMS office in writing? No\_\_\_\_ Yes\_\_\_\_

**If you answer 'Yes' to any of the above questions, you must attach an explanation on a separate sheet including copies of court documents, disciplinary actions, or physician's statement, if applicable.**

**I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**